

INTRODUCTION TO COMMUNITY HEALTH

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BASIC CONCEPTS

- ▶ **A community** is a group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other common bonds.
- ▶ **Communities are characterized by:**
- ▶ Membership: a sense of identity and belonging.
- ▶ Common symbol systems
- ▶ similar language, rituals, and ceremonies.
- ▶ Shared values or norms
- ▶ Mutual influence: community members have influence and are influenced by each other.
- ▶ Shared needs and commitment to meeting them
- ▶ Shared emotional connection: members share common history, experiences, and mutual support.

CONCEPTS ...

- ▶ Community health includes both private and public efforts of individuals, groups, and organizations to promote, protect, and preserve the health of those in the community.
- ▶ Community health is the health status of a defined group of people and the actions and conditions, both private and public (governmental) to promote, protect, and preserve their health.
- ▶ Public health is the sum of all governmental efforts to promote, protect, and preserve the people's health

THEREFORE COMMUNITY IS

- ▶ A specific group of people, usually living in a defined geographical area, who share common values, norms, culture and customs, and are arranged in a social structure according to relationships which the community has collectively developed over a period of time.
- ▶ Members of a community gain their personal and social identity by sharing common beliefs, values, rituals, and norms which have been developed by the community in the past and may be modified in the future.

CONCEPTS

- ▶ **HEALTH**
- ▶ A state of complete of complete physical, mental, and social well being and not merely the absence of disease and infirmity.” World Health Organization - 1947
- ▶ A dynamic state or condition which is multidimensional in nature and results from the adaptation to his/her environment.

DEFINITIONS

- ▶ **COMMUNITY**
Group of people who have common characteristics

- ▶ **COMMUNITY HEALTH**
 - ▶ the health status of a defined group of people and the actions and conditions, both private and public, to promote, protect, and preserve their health.



▶ Population Health

- ▶ the health status of people who are not organized and have no identity as a group or locality and the actions and conditions to promote, protect and preserve their health

▶ PUBLIC HEALTH

- ▶ health status of a defined group of people and governmental actions and conditions to promote, protect, and preserve the people's health

COMMUNITY HEALTH Vs PERSONAL HEALTH

- ▶ PERSONAL
- ▶ Individual actions and decision making that affect the health of an individual or their immediate family
- ▶ COMMUNITY
- ▶ Activities aimed at protecting or improving the health of a population or community

FACTORS AFFECTING COMMUNITY

HEALTH

PHYSICAL FACTORS

Industrial development
Community size
Environment
Geography

SOCIAL/CULTURAL FACTORS

Beliefs, Traditions, and Prejudices
Economy, Politics, Religion
Socioeconomic Status
Social Norms

HEALTH OF THE COMMUNITY

COMMUNITY ORGANIZATION

Ways in which communities organize their resources;
Tax vs Non-tax supported services

INDIVIDUAL BEHAVIORS

Takes the concerted effort of many - if not most - to make a community voluntary program work

Factors That Affect the Health of a Community

i. Physical Factors

- Physical factors include the influences of geography, the environment, community size, and industrial Development.
- Geography-A community's health problems can be directly influenced by its altitude, latitude, and climate. In tropical countries where warm, humid temperatures and rain prevail throughout the year, parasitic and infectious diseases are a leading community health problem (see Figure 1.2). In many tropical countries, survival from these diseases is made more difficult because poor soil conditions result in inadequate food production and malnutrition. In temperate climates with fewer parasitic and infectious diseases and a more than adequate food supply, obesity and heart disease are important community health problems

FACTORS....

➤Environment-

- The quality of our environment is directly related to the quality of our stewardship over it. Many experts believe that if we continue to allow uncontrolled population growth and continue to deplete nonrenewable natural resources, succeeding generations will inhabit communities that are less desirable than ours. Many feel that we must accept responsibility for this stewardship and drastically reduce the rate at which we foul the soil, water, and air.
- Community Size-The larger the community, the greater its range of health problems and the greater its number of health resources. For example, larger communities have more health professionals and better health facilities than smaller communities. These resources are often needed because communicable diseases can spread more quickly and environmental problems are often more severe in densely populated areas

PHYSICAL FACTORS ...

- Industrial Development-
- Industrial development, like size, can have either positive or negative effects on the health status of a community. Industrial development provides a community with added resources for community health programs, but it may bring with it environmental pollution and occupational illnesses

II. SOCIAL AND CULTURAL EFFECTS

- ▶ Social and Cultural Factors-
- ▶ Social factors are those that arise from the interaction of individuals or groups within the community. For example, people who live in urban communities, where life is fast-paced, experience higher rates of stress-related illnesses than those who live in rural communities, where life is more leisurely. On the other hand, those in rural areas may not have access to the same quality or selection of health care(i.e., hospitals or medical specialists) that is available to those who live in urban communities
- ▶ Cultural factors arise from guidelines that individuals “inherit” from being a part of a particular society. Culture “teaches us what to fear, what to respect, what to value, and what to regard as relevant in our lives.

Beliefs and traditions..

- ▶ The beliefs, traditions, and prejudices of community members can affect the health of the community.
- ▶ The beliefs of those in a community about such specific health behaviors as exercise and smoking can influence policy makers on whether or not they will spend money on bike trails and no-smoking ordinances.
- ▶ The traditions of specific ethnic groups can influence the types of food, restaurants, retail outlets, and services available in a community.

SOCIAL NORMS AND SOCIO-ECONOMIC STATUS

- ▶ The influence of social norms can be positive or negative and can change over time. Cigarette smoking and alcohol consumption are good examples.
- ▶ the gap in health status and mortality between those commanding, and those who lack, economic power and social resources continues to widen. These parallel trends—of growing economic inequalities and growing social inequalities in health—reflect, in part, the relationship between people’s socioeconomic position as consumers and employers or employees and their social, biological, and mental well-being.”¹⁹ That is, those in the community with the lowest socioeconomic status (SES) also have the poorest health and the most difficulty in gaining access to health care

III. ECONOMIC FACTORS

- ▶ Both national and local economies can affect the health of a community through reductions in health and social services. An economic downturn means lower tax revenues and fewer contributions to charitable groups.
- ▶ Such actions will result in fewer dollars being available for programs such as welfare, food stamps, community health care, and other community services. This occurs because revenue shortfalls cause agencies to experience budget cuts

IV. POLITICAL FACTORS

- ▶ Those who happen to be in political office, either nationally or locally, can improve or jeopardize the health of their community by the decisions they make. In the most general terms the argument is over greater or lesser governmental participation in health issues.
- ▶ For example, there has been a long-standing discussion in the Kenya on the extent to which the government should involve itself in health care and whether health care should remain devolved or get back to national control

V. RELIGION

- ▶ A number of religions have taken a position on health care and health behaviors.
- ▶ For example, some religious communities limit the type of medical treatment their members may receive. Some do not permit immunizations; others do not permit their members to be treated by physicians.
- ▶ Still others prohibit certain foods. For example, Kosher dietary regulations permit Jews to eat the meat only of animals that chew cud and have cloven hooves and the flesh only of fish that have both gills and scales, while still others, like the Native American Church of the Morning Star, use peyote, a hallucinogen, as a sacrament

TYPES OF COMMUNITIES

i. GEOGRAPHICAL COMMUNITY:

- ▶ It is the only type of community about which there is agreement amongst scholars.
- ▶ It has physical boundaries by which make it distinct or separate, such as a river, a street. In a town there might be several neighborhoods, each with some special attributes: caste, religion, rich and poor. In addition, a neighborhood usually has a diverse population with individuals and groups occupying different physical space

ii. Community by identity

- ▶ It implies common identifiable characteristics or attributes such as having in common a culture.
- ▶ By culture we mean: language, music, religion, customs, etc. Identity can be based on age, gender, and sexuality. It does not mean that an individual necessarily identifies with the community to which s/he is perceived to belong.
- ▶ A woman may not feel any thing in common with other women except that all women are female.
- ▶ Community of identity may or may not be geographically bound. For example I as a woman identify with women in my immediate location but may not feel an affinity with women in kisumu, partly because I do not know them or their culture

iii. Community of interest or solidarity

- ▶ It incorporates social movements such as women's rights, political party, peace and environment, saving trees or public education.
- ▶ A community of interest is present concurrently in different geographical spaces.
- ▶ Individuals may be connected to their interest community at the local, and or global level.
- ▶ Community of interest can be formal or informal or both. In all cases individuals become a part of this community voluntarily.
- ▶ Individual level on involvement may vary from being very active to being sporadic or passive.

iv. Intentional community

- ▶ In this type of community, individuals come together voluntarily and are supportive of each other.
- ▶ Members may share interests as well as identity and or a geographical location.
- ▶ For example mothers of young children get together once a week or student form a study group or retired seniors meet in a local park

PREVENTION

- ▶ DEF. Averting a disease or ill-health before its occurrence

OR

- ▶ Actions aiming at eradicating, eliminating, or minimizing the impact of disease and disability, or if none of these is feasible, retarding the progress of disease and disability.
- ▶ The concept of prevention is best defined in the context of levels of prevention; primary, secondary, and tertiary prevention

PREVENTIVE HEALTH

► Prevention activities are typically categorized by the following three definitions:

1. Primary Prevention—intervening before health effects occur, through measures such as vaccinations, altering risky behaviors (poor eating habits, tobacco use), and banning substances known to be associated with a disease or health condition. (Primary prevention aims at reducing occurrence)
2. Secondary Prevention—screening to identify diseases in the earliest stages, before the onset of signs and symptoms, through measures such as mammography and regular blood pressure testing. (Secondary prevention aims at reducing severity)
3. Tertiary Prevention—managing disease post diagnosis to slow or stop disease progression through measures such as chemotherapy, rehabilitation, and screening for complications (Tertiary prevention aims at reducing disability and mortality)

NATURAL HISTORY OF DISEASE AND LEVELS OF PREVENTION

		Stages of Pathogenesis			
Stage of Positive Health	Stages of Susceptibility (Pre Pathogenesis)	Asymptomatic (Early Pathogenesis)	Early, Discernible Disease	Full-Blown (Classical) Disease	Termination
<p>Well Balanced</p> <p>Dis Balanced</p>	<p>Balance between Agent, Host and Environmental Factors is disturbed; conditions have been created for disease process to start; however pathological processes have still not started.</p>	<p>Pathological process has started. However, outwardly, there are no signs or symptoms whatsoever. Detection is only possible by specialized pathological / investigative studies.</p>	<p>There are very mild or non-specific signs / symptoms which occur at a very early stage of clinical course; not easy to detect at this stage unless very fine clinical acumen and / or specialized equipment is used.</p>	<p>Full fledged disease in classical form; quite easy to diagnose.</p>	<ul style="list-style-type: none"> - Complete Recovery - Chronic Disease - Life With Residual Disability - Death
Health Promotion	Specific Protection	Early Diagnosis and Prompt Treatment		Disability limitation	Rehabilitation
Primary Prevention		Secondary Prevention		Tertiary Prevention	
Levels of Prevention					

HISTORY OF DISEASE

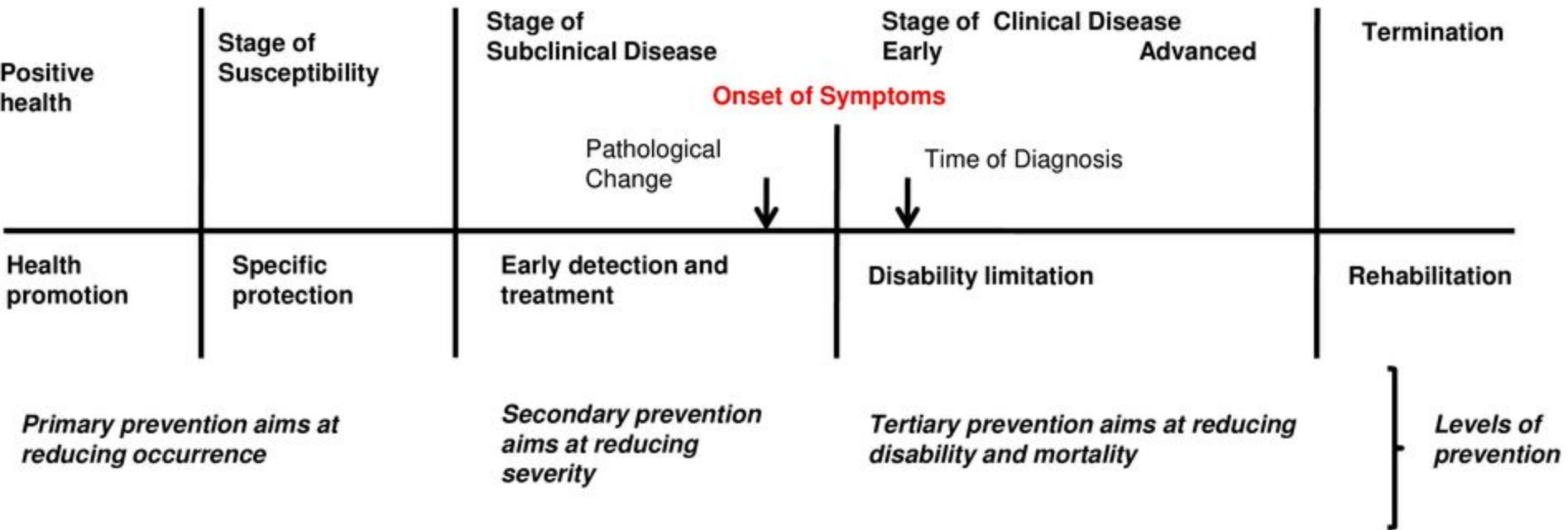
▶ **NATURAL HISTORY OF DISEASE**

- ▶ It refers to the progress of a disease process in an individual over time, in the absence of intervention. It describes the course of the disease in an individual starting from the moment of exposure to the causal agents till one of the possible outcomes occurs.

▶ **IMPORTANCE OF STUDYING THE NATURAL HISTORY OF DISEASES**

- ▶ Understanding the progress from disease onset to final end point (cure or death) is important for epidemiologists. Knowledge of the natural history is necessary for the prevention and control of disease. The intervention early in the course of the disease (asymptomatic stage) is likely to change the course of the disease favourably.

NATURAL HISTORY OF DISEASE AND LEVELS OF PREVENTION



Disease prevention..

- ▶ **Definition:-**
- ▶ Actions aimed at eradicating, eliminating, or minimizing the impact of disease and disability. The concept of prevention is best defined in the context of levels, traditionally called primary, secondary, and tertiary prevention
- ▶ **Primordial prevention:**
- ▶ Primordial prevention consists of actions and measures that inhibit the emergence of risk factors in the form of environmental, economic, social, and behavioral conditions and cultural patterns of living

Preordial...

- ▶ It is the prevention of the emergence or development of risk factors in countries or population groups in which they have not yet appeared For example, many adult health problems (e.g. Obesity, hypertension) have their early origins in childhood, because this is the time when lifestyles are formed (for example, smoking, eating patterns, physical exercise)
- ▶ In primordial prevention, efforts are directed towards discouraging children from adopting harmful lifestyles
- ▶ The main intervention in primordial prevention is through individual and mass education

Primary prevention

- ▶ Primary prevention can be defined as the action taken prior to the onset of disease, which removes the possibility that the disease will ever occur.
- ▶ It signifies intervention in the pre-pathogenesis phase of a disease or health problem.
- ▶ Primary prevention may be accomplished by measures of “ Health promotion” and “specific protection”

Secondary prevention

- ▶ It is defined as “action which halts the progress of a disease at its incipient stage and prevents complications.”
- ▶ The specific interventions are :early diagnosis (e.g. screening tests, and case finding programs) and adequate treatment.
- ▶ Secondary prevention attempts to arrest the disease process, restore health by seeking out unrecognized disease and treating it before irreversible pathological changes take place, and reverse communicability of infectious diseases.
- ▶ It thus protects others in the community from acquiring the infection and thus provide at once secondary prevention for the infected ones and primary prevention for their potential contacts

Early diagnosis

- ▶ WHO Expert Committee in 1973 defined early detection of health disorders as “the detection of disturbances of homoeostatic and compensatory mechanism while biochemical, morphological and functional changes are still reversible.”
- ▶ The earlier the disease is diagnosed and treated the better it is for prognosis of the case and for the prevention of the occurrence of other secondary cases

Tertiary prevention

- ▶ It is used when the disease process has advanced beyond its early stages.
- ▶ It is defined as “all the measures available to reduce or limit impairments and disabilities, and to promote the patients’ adjustment to irremediable conditions.”
- ▶ Intervention that should be accomplished in the stage of tertiary prevention are disability limitation and rehabilitation
- ▶ **IMPAIRMENT**
- ▶ Impairment is “any loss or abnormality of psychological, physiological or anatomical structure or function

Additional concepts..

▶ DISABILITY

- ▶ Disability is “any restriction or lack of ability to perform an activity in the manner or within the range considered normal for the human being

▶ HANDICAP

- ▶ Handicap is termed as “a disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfillment of a role in the community that is normal (depending on age, sex, social and cultural factors) for that individual

▶ REHABILITATION:

- ▶ Rehabilitation is “the combined and coordinated use of medical, social, educational, and vocational measures for training and retraining the individual to the highest possible level of functional ability

LEVELS OF PREVENTION

Primordial Prevention

Policies & legislations to address behavior of the population and environment

Primary Prevention

Health promotion & specific protection

Secondary Prevention

Screening & mass treatment

Tertiary Prevention

Disability limitation & rehabilitation

PRIMARY PREVENTION

□ HEALTH PROMOTION

- Health education
- Nutrition intervention
- Sanitation of the environment
- Life style modification

□ SPECIFIC PROTECTION

- Immunization
- Chemoprophylaxis
- Specific micronutrient
- Protection from unintentional injuries
- Protection from environmental hazards

DISABILITY LIMITATION & REHABILITATION

- Disability limitation ===== Prevent progress
- Rehabilitation ===== Attain highest level of functional abilities
 - Medical rehabilitation
 - Vocational rehabilitation
 - Social rehabilitation
 - Psychological rehabilitation

PUBLIC HEALTH IMPORTANCE OF NATURAL HISTORY OF DISEASE

- ▶ Persons with in-apparent or undiagnosed infections can transmit infections to others.
- ▶ Control measures must be directed toward all infections capable of being transmitted to others; both clinically apparent cases and those with in-apparent or undiagnosed infections

SPECTRUM OF PREVENTION

- i. Influencing Policy and Legislation
- ii. Mobilizing neighborhoods and communities
- iii. Fostering coalitions and networks
- iv. Changing internal practices and policies of agencies and institutions
- v. Educating healthcare providers and the professionals
- vi. Promoting community education
- vii. Strengthening individual knowledge and skills

KEY COMPONENTS OF PREVENTION

- ▶ Individual, local, state, and federal efforts to prevent environmentally-caused illness and disease have had some success, but a more comprehensive effort would be useful in meeting the overall environmental health challenges facing the Kenya's.
- ▶ The following activities and initiatives can lead to understanding and reducing the nation's incidence of environmentally-caused disease.

i. AWARENESS AND EDUCATION

Awareness and education

- ▶ • Inform and educate decision-makers, public health practitioners, health care providers, and individuals about science-based health prevention approaches that will have the greatest benefit and impact on public health.
- ▶ • Provide information on effectiveness of interventions to inform policies.
- ▶ • Educate workers both in and out of the health field who may have daily contact with people at high risk for disease and injury. These individuals can encourage healthy behaviors, screen for certain health risks, and contribute to education of the community
- ▶ • Provide the public with health education information
- ▶ • Work with the media to highlight public health issues

Components of prevention..

ii. Research-

- Identify and support an environmental public health research agenda at the national level. This research would address knowledge gaps in suspected and emerging links between exposure to harmful environmental agents and health outcomes.

iii. Surveillance at all levels

- Monitor environmental risk areas or situations and determine the prevalence of environmentally-linked health outcomes. Identify national, state, or community environmental health issues; develop measures to track those issues; and implement wide spread surveillance to help identify relationships between environmental hazards and health concerns

Components

iv. Hazard evaluation at the national, state and local levels

- Implement hazard assessments as needed. Respond to high-risk situations, identify and quantify hazardous agents, and facilitate exposure reduction.

v. Improvement of the public health system at the national, state, and local levels

- Enhance and revitalize the environmental health system at all levels.

Build and improve long-term strategic partnerships, commitments by all stakeholders, and additional resources, as well as collaboration with environmental regulatory agencies and development of a competent and effective environmental public health workforce

Components

vi. Proactive behavior by individuals

- Make healthy lifestyle choices, choose environmentally-friendly products and services, and conscientiously try to minimize the environmental impact of yourself and your family.

Become informed about the issues, and be proactive in prevention initiatives promoting health and preventing illness and disease

CURATIVE HEALTH CARE

- ▶ The contact with the system of an individual in search of health care includes a standard set of components that can be disaggregated into a sequence designed to:
 - establish a diagnosis;
 - Formulate a prescription and therapeutic plan;
 - Complement the process with imaging, laboratory and functional tests for diagnosis and assessment of the clinical evolution;
 - Complement the therapeutic plan to include pharmaceuticals and other medical goods as well as procedures such as surgery;
 - Monitor and assess the clinical evolution.

WE ARE NOT OF THEM THAT SHRINK

**COMMUNITY HEALTH IS
VITAL-
YESTERDAY, TODAY, AND
TOMORROW**